

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12798

90

Dr. C. Cain  
C-11-11-11  
FILED MAY 16 1955

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rennie</u> b. (Middle) <u>Clay</u> c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-11-55</u>
9. AGE (In years last birthday) <u>0</u> <u>0</u> <u>15</u>		10. BIRTHPLACE (City and State or Foreign Country) <u>Stale Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Stale Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Claudine O'Kane</u>	
14. NAME OF HUSBAND OR WIFE <u>John Rogers</u>		15. ADDRESS <u>Stale Mo R1</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No malnutrition</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7680	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr 25</u> , 19 <u>55</u> , to <u>Apr 26</u> , 19 <u>55</u> (that I last saw the deceased alive on <u>Apr 25</u> , 19 <u>55</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. Cain</u>		23b. ADDRESS <u>Camden Mo</u>	
23c. DATE SIGNED <u>5-2-55</u>		23d. NAME OF CEMETERY OR CREMATORY <u># 8</u>	
23e. LOCATION (City, town, or county) (State) <u>Cooter Mo</u>		23f. DATE SIGNED <u>5-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-26-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u># 8</u>		24d. LOCATION (City, town, or county) (State) <u>Cooter Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-5-55</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	
406		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman and Co.</u>	
ADDRESS <u>Stale Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-182-55

MAY 13 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.